

## 197310

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER**

. TO:

Registration Section
Division of Corporations

SUBJECT: ROTAL C.	ARIBBEAN YACHT CHART Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JUAN CARLOS CABREI	RA REY	
		Name of Person	
	ROYAL CARIBBEAN Y.	ACHT CHARTERS LLC	
		Firm 'Company	
	1431 W STATE RD 84 A	PT 204	
		Address	
	FORT LAUDERDALE .F	. <u> </u>	<del></del>
		City/State and Zip Code	
	CAPTJCC@YAHOO.COM E-mail address: (	I to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
JUAN CARLOS CABR	ERA REY	at (305 ) 9173436	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee. 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	
Company as it now appears on our records.) Limited Liability Company)	<del></del>
ompany were filed on APRIL 28 .2021	and assigned
_•	
ed liability company here:	
ed Liability Company," the designation "LLC" or the abl	previation "L.L.C."
1431 W STATE RD 84 APT 102	<b>~3</b>
ESS) FORT LAUDERDALE . FL	024
33315	
2.5	-2
1431 W STATE RD 84 APT 102 12c	
FORT LAUDERDALE, FL To	<u> </u>
33315	56
<u>-</u>	ed liability company here:  1431 W STATE RD 84 APT 102  FORT LAUDERDALE . FL  33315  1431 W STATE RD 84 APT 102  FORT LAUDERDALE . FL

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

FORT LAUDERDALE

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Macti	re date, if other than the date of filing: (optional)
an effe ote:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it is effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated <u>(</u>	1/22/2024

Typed or printed name of signee